

	CITY OF GOODYEAR, ARIZONA Request for Public Records (A.R.S. Title 39)	# Pgs.	Amt. Due (\$.50/pg)
Name: <i>(Not required unless commercial use is intended)</i>	Date:		
Address: <i>(Not required unless copies are to be mailed)</i>	City:	State ZIP	Phone No.
PLEASE NOTE: Many records are in storage and will need to be retrieved for inspections and for copying. Requests should allow at least four full business days for this to occur. Occasionally, legal review by the City Attorney may be necessary if issues of privacy or confidentiality arise. This may result in a brief delay in providing an appropriate response to your request.			
Indicate whether you desire to inspect or copy public records; or if you wish to have records e-mailed to you if available electronically. • Inspect • Copy • E-Mail E-Mail Address: _____			
Specifically describe the record requested for inspection or copying: _____ _____ _____			
STATEMENT OF COMMERCIAL PURPOSE (<i>Monetary gain</i>): Yes • No •			
If for commercial purpose, please indicate intended use:			
1. Producing for sale an item containing all or part of the requested document.		Yes	No
2. Obtaining names or addresses for the purposes of solicitation or the sale of names or addresses to another for solicitation.		Yes	No
3. If neither of the above, state any other purpose which you anticipate will result in monetary gain either directly or indirectly: _____ _____ _____			
I understand that charges will be applied per Ordinance 02-793 "After 15 minutes, allocating actual cost at \$38 per hour."			
ALL OF THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.			
Signature: _____		Date: _____	
FOR OFFICE USE ONLY			
DATE RECEIVED: _____ BY: _____		REQUEST APPROVED •	
DATE PROCESSED: _____ LOC: _____		REQUEST DENIED •	